

First Regular Session 113th General Assembly (2003)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2002 Regular or Special Session of the General Assembly.

HOUSE ENROLLED ACT No. 1141

AN ACT to amend the Indiana Code concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 12-7-2-91, AS AMENDED BY P.L.14-2000, SECTION 27, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 91. "Fund" means the following:

- (1) For purposes of IC 12-12-1-9, the fund described in IC 12-12-1-9.
- (2) For purposes of IC 12-13-8, the meaning set forth in IC 12-13-8-1.
- (3) For purposes of IC 12-15-20, the meaning set forth in IC 12-15-20-1.
- (4) For purposes of IC 12-17-12, the meaning set forth in IC 12-17-12-4.
- (5) For purposes of IC 12-17-6, the meaning set forth in IC 12-17-6-1-3.
- (6) For purposes of IC 12-18-4, the meaning set forth in IC 12-18-4-1.
- (7) For purposes of IC 12-18-5, the meaning set forth in IC 12-18-5-1.
- (8) For purposes of IC 12-19-7, the meaning set forth in IC 12-19-7-2.
- (9) For purposes of IC 12-23-2, the meaning set forth in IC 12-23-2-1.
- (10) **For purposes of IC 12-23-18, the meaning set forth in**

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IC 12-23-18-4.

(11) For purposes of IC 12-24-6, the meaning set forth in IC 12-24-6-1.

~~(H)~~ (12) For purposes of IC 12-24-14, the meaning set forth in IC 12-24-14-1.

~~(I2)~~ (13) For purposes of IC 12-30-7, the meaning set forth in IC 12-30-7-3.

SECTION 2. IC 12-23-18 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]:

Chapter 18. Methadone Diversion Control and Oversight Program

Sec. 1. (a) Subject to federal law and consistent with standard medical practice in methadone treatment of drug abuse, the division shall adopt rules under IC 4-22-2 to establish and administer a methadone diversion control and oversight program to identify individuals who divert controlled substances from legitimate treatment use and to terminate the methadone treatment of those individuals.

(b) Rules adopted under subsection (a) must include provisions relating to the following matters concerning methadone providers and individuals who receive treatment:

- (1)** Regular clinic attendance by the patient.
- (2)** Specific counseling requirements for the methadone provider.
- (3)** Serious behavior problems of the patient.
- (4)** Stable home environment of the patient.
- (5)** Safe storage capacity of treatment medications within the patient's home.
- (6)** Medically recognized testing protocols to determine legitimate treatment use.
- (7)** The methadone provider's medical director and administrative staff responsibilities for preparing and implementing a diversion control plan.

Sec. 2. (a) Not later than February 28 of each year, each methadone provider must submit to the division a diversion control plan required under section 1(b)(7) of this chapter.

(b) Not later than May 1 of each year, the division shall review and approve plans submitted under subsection (a).

(c) If the division denies a plan submitted under subsection (a), the methadone provider must submit another plan not later than sixty (60) days after the denial of the plan.



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Sec. 3. (a) By May 15 of each year, each methadone provider shall submit to the division a fee of twenty dollars (\$20) for each nonresident patient treated by the methadone provider during the preceding calendar year.

(b) The fee collected under subsection (a) shall be deposited in the methadone diversion control and oversight program fund established under section 4 of this chapter.

Sec. 4. (a) As used in this section, "fund" means the methadone diversion control and oversight program fund established under subsection (b).

(b) The methadone diversion control and oversight program fund is established to administer and carry out the purposes of this chapter. The fund shall be administered by the division.

(c) The expenses of administering the fund shall be paid from money in the fund.

(d) The treasurer of state shall invest money in the fund in the same manner as other public money may be invested.

(e) Money in the fund at the end of the state fiscal year does not revert to the state general fund.

Sec. 5. The division shall conduct an annual onsite visit of each methadone provider to assess compliance with the plan approved under this chapter.

Sec. 6. This chapter expires June 30, 2008.

SECTION 3. P.L.39-2001, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: SECTION 1. (a) As used in this SECTION, "division" refers to the division of mental health **and addiction.**

(b) Except as provided in subsection (c), notwithstanding IC 12-23-1-6(4), IC 12-23-14-7, and 440 IAC 4.4-2-1(e), the division may not grant specific approval to be a new provider of any of the following:

- (1) Methadone.
- (2) Levo-alphaacetylmethadol.
- (3) Levo-alpha-acetylmethadol.
- (4) Levomethadyl acetate.
- (5) LAAM.

(6) Buprenorphine.

(c) The division may not grant specific approval to be a new provider of one (1) or more of the drugs listed under subsection (b) unless:

- (1) the drugs will be provided in a county with a population of more than forty thousand (40,000);



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- (2) there are no other providers located in the county or in a county contiguous to the county where the provider will provide the drugs; and
- (3) the provider supplies, in writing:
- (A) a needs assessment for Indiana citizens under guidelines established by the division; and
 - (B) any other information required by the division.
- (d) Except as provided in subsection (k), the division shall prepare a report by June 30 of each year concerning treatment offered by methadone providers that contains the following information:
- (1) The number of methadone providers in the state.
 - (2) The number of patients on methadone during the previous year.
 - (3) The length of time each patient received methadone and the average length of time all patients received methadone.
 - (4) The cost of each patient's methadone treatment and the average cost of methadone treatment.
 - (5) The rehabilitation rate of patients who have undergone methadone treatment.
 - (6) The number of patients who have become addicted to methadone.
 - (7) The number of patients who have been rehabilitated and are no longer on methadone.
 - (8) The number of individuals, by geographic area, who are on a waiting list to receive methadone.
 - (9) Patient information as reported to a central registry created by the division.
- (e) Each methadone provider in the state shall provide information requested by the division for the report under subsection (d). The information provided to the division may not reveal the specific identity of a patient.
- (f) The information provided to the division under subsection (e) must be based on a calendar year.
- (g) The information required under subsection (e) for calendar year 1998 must be submitted to the division not later than June 30, 1999. Subsequent information must be submitted to the division not later than:
- (1) February 28, ~~2002~~, **29, 2004**, for calendar year ~~2001~~, and **2003**;
 - (2) February 28, ~~2003~~, **2005**, for calendar year ~~2002~~, **2004**;
 - (3) **February 28, 2006, for calendar year 2005**;
 - (4) **February 28, 2007, for calendar year 2006; and**



(5) February 29, 2008, for calendar year 2007.

(h) Failure of a certified provider to submit the information required under subsection (e) may result in suspension or termination of the provider's certification.

(i) The division shall report to the governor and the legislative council the failure of a certified provider to provide information required by subsection (e).

(j) The division shall distribute the report prepared under subsection (d) to the governor and legislative council.

(k) The first report the division is required to prepare under subsection (d) is due not later than September 30, 1999.

(l) The division shall establish a central registry to receive the information required by subsection (d)(9).

(m) This SECTION expires July 1, ~~2003~~: **2008**.

SECTION 4. P.L.39-2001, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: SECTION 2. (a) Notwithstanding IC 35-48-3 and 856 IAC 2-3, the Indiana board of pharmacy may not register a new applicant who plans to distribute any of the following unless the applicant has been approved by the division of mental health under SECTION 1 of this act:

- (1) Methadone.
- (2) Levo-alpha-cetylmethadol.
- (3) Levo-alpha-acetylmethadol.
- (4) Levomethadyl acetate.
- (5) LAAM.

(6) Buprenorphine.

(b) This SECTION expires July 1, ~~2003~~: **2008**.

SECTION 5. [EFFECTIVE UPON PASSAGE] (a) **Notwithstanding IC 12-23-18-2, as added by this act, a methadone provider is not required to submit a diversion control plan until February 28, 2004.**

(b) This SECTION expires July 1, 2004.

SECTION 6. **An emergency is declared for this act.**

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Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Approved: _____

Governor of the State of Indiana

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